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(3) **THE TITLE** of the paper should be as brief as possible.

(4) **THE NUMBER OF AUTHORS** should be kept to the minimum, and only their initials and family names used.

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(8) **ACKNOWLEDGEMENTS** should be limited to workers whose courtesy or help extended beyond their paid work, and supporting organisations.

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(11) **REFERENCES** should be numbered consecutively the first time they are cited and identified by arabic numbers in the text, tables, and legends to figures. Authors must take full responsibility for the accuracy of their references, and the list should be kept as short as practicable. It should be in the order in which references are first mentioned, and should include (in the following order), *journals*: author's name and initials, title of paper, name of journal (in full or abbreviated according to the list in *Index Medicus*), year of publication, volume number, and first and last page numbers; *books*: author's name and initials, full title, edition, place of publication, publisher, and year of publication. When a chapter in a book is referred to, the name and initials of the author of the chapter, title of the chapter, "In:", name and initials of the editor, and "ed" should precede book title, etc as above. In references to journals or books, when there are seven or more authors the names of the first three should be given followed by "*et al.*" Names of journals no longer published or not in *Index Medicus* should be given in full — for example, *British Journal of Venereal Diseases*.

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ISSN 0266-4348

MATTERS ARISING

Exophytic cervical warts—an indication for colposcopy?

The interesting letter from Murphy *et al*¹ on exophytic cervical warts and colposcopy has prompted us to report further analysis of our data on the relationship between CIN and specific STD. This is shown in the tables.

Our findings support Koutsky *et al*² in respect of gonorrhoea on univariate analysis (table 1), but no other significant associations appeared. Nevertheless, we agree that exophytic cervical warts should be an indication for colposcopy if only to ensure adequate treatment of the lesions as well as to detect the possible presence of squamous intraepithelial lesions (SIL) missed on cytological screening. Our experience with cytology was that 50% had HPV changes detected and 47% had dyskaryosis (17 mild and one moderate).

Entry of these additional STD variables into the stepwise logistic regression model (table 2) resulted in the appearance of oral contraception (RR 4.0), smoking more than 10 cigarettes a day (RR 2.5) and having had a baby (RR 3.3) as significant independent risk factors for CIN2 or 3.

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- 1 Murphy M, Fairley I, Wilson J. Exophytic cervical warts—an indication for colposcopy? *Genitourin Med.* 1993;69:81–2.
- 2 Koutsky L A, Holmes K K, Critchlow CW, *et al*. A cohort study of the risk of cervical intraepithelial neoplasia grade 2 or 3 in relation to papillomavirus infection. *N Eng J Med* 1992;327:1272–8.

Table 1 Association with CIN: STD variables

STD	No CIN (n = 369)	CIN (n = 99)	p	CIN2/3 (n = 72)	p
Cervical HPV	126	53	0.0007	34	<0.05
Anogenital warts	238	46	<0.001 (neg)	31	<0.001 (neg)
Cervical warts	31	7	0.82	4	0.43
Gonorrhoea	7	5	0.16	5	0.04
Chlamydial infection	38	14	0.37	7	1.00
NSU contact	18	6	0.83	4	1.00
Trichomoniasis	22	11	0.12	8	0.18
Bacterial vaginosis	9	3	0.90	3	0.56
Vaginal candidosis	141	35	0.69	22	0.27
Genital herpes	27	6	0.83	4	0.78

Table 2 Relative risks by stepwise logistic regression: CIN

Variables	All CIN			CIN 2/3		
	Step	RR	95% CI	Step	RR	95% CI
IUCD	1	14.2	3.7–54.1	1	15.3	3.0–76.8
Vulval warts	3	0.4	0.2–0.9	2	0.4	0.1–0.9
Coitarche <16	2	3.5	1.3–9.2	—	—	—
Oral contraception	4	3.0	1.1–8.6	4	4.0	1.0–15.5
Smoking >10/day	—	—	—	3	2.5	1.0–6.6
Baby	5	2.6	1.0–7.2	5	3.3	1.0–10.4

Pulmonary nocardiosis in a West African man with HIV-1 infection

We were interested to read the report of non-tuberculous cavitary disease due to nocardiosis in an Ivorian with AIDS.¹ We have also seen pulmonary nocardiosis in a 26 year old male from the Ivory Coast with advanced HIV disease. This man presented with a three month history of weight loss of 10 kg and shortness of breath, lassitude and fever for one week. He had lived in Europe for the last seven years and in the UK for the previous three months. On examination he was thin, febrile and had both pharyngeal candidiasis and signs of a respiratory infection. Initial investigations showed Hb 5.3 g/dl, WBC $4.2 \times 10^9/l$, platelets $187 \times 10^9/l$, reticulocytes $23 \times 10^9/l$; the blood film showed polychromasia, rouleaux, target cells; the direct Coombs tests negative, G-6PD assay 0.7 U/g Hb (normal 4.5–

13.6), normal blood urea levels, electrolytes and liver function tests were also normal. Antibodies were detected for HIV-1 but not for HIV-2. Further tests showed CD4 $30/mm^3$ (2%), normal cold agglutinins and clotting screen, bone marrow revealed myelodysplastic changes, with hypercellularity with no evidence of granuloma or lymphomatous infiltrate. Parvovirus antibodies were not detected. A chest radiograph initially showed collapse/consolidation of the left lower lobe. Sputum culture grew *Haemophilus influenzae* sensitive to amoxycillin, with which he was treated. The anaemia was thought to be directly related to HIV-1 infection rather than G-6PD deficiency and was treated with blood transfusion. Ten days later he had developed a left-sided pleural effusion which was drained. Bronchoscopy was normal. No pneumocysts were detected in bronchial washings stained by standard methods.

Specimens examined by microscopy from sputum, urine, stool, blood, bone marrow, pleural aspirate and bronchial washings were all negative for acid-fast bacilli as were subsequent cultures for *Mycobacterium tuberculosis*. Microscopy of specimens from bronchial washings stained by Gram's method showed small numbers of branching Gram-positive bacilli that were identified on culture as *Nocardia asteroides*. Intravenous co-trimoxazole was commenced but the patient developed progressive respiratory failure and died soon after, despite assisted ventilation.

Nocardiosis is rare in the UK but should be considered in HIV-positive patients with atypical radiographic lesions.² It may be that prophylaxis for *Pneumocystis carinii* pneumonia is masking the clinical presentation of nocardia in HIV-positive patients but co-trimoxazole does not confer complete protection.³ If nocardiosis were to be recognised as an AIDS indicator disease, more cases would undoubtedly be identified at an earlier stage than at present, and the poor prognosis currently observed when diagnosis is delayed³ would thereby be improved.

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- 1 Mabey DCW, Lucas SB, Miller RF. Non-tuberculous cavitary disease in a West African man with AIDS. *Genitourin Med* 1992;48:405–8.
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NOTICE

The MSSVD Historical Library is now housed as a separate collection in the Library of the Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE. The books are available for members to study on the premises.

This is a small collection which has not received any additions for many years, and it is clearly important that it should grow. Some funds may be available from the Society, and I would be glad to receive suggestions from members for possible additions to the collection. I would also like to suggest that members might consider donating books or conference proceedings; anything published before 1965 would be most welcome.

In these ways we could make our library a unique collection, of great value to present and future members of the MSSVD.

J D ORIEL
Honorary Librarian

CURRENT PUBLICATIONS

Selected titles from recent reports published worldwide are arranged in the following sections:

Gonorrhoea
Chlamydia
Non-specific genital infection
Candidiasis
Syphilis and other treponematoses
Herpes
Human papillomavirus infection
Cervical cytology and colposcopy
Other sexually transmitted diseases
Microbiology and Immunology
Dermatology
Miscellaneous

Gonorrhoea

Treatment of gonorrhoea in pregnancy.

MR CAVENNEE, JR FARRIS, TR SPALDING, DL BARNES, YS CASIENEDA, GD ENDEL. *Obstet Gynecol* 1993;81:33.

Antimicrobial susceptibility testing of *Neisseria gonorrhoeae* and implications for epidemiology and therapy.

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Characterization of penicillinase-producing strains of *Neisseria gonorrhoeae*.

M HERMIDA, C ROY, MT BARO, R REIG, M TIRADO. *Eur J Clin Microbiol Infect Dis* 1993;12:45.

Resistance of recent *Neisseria gonorrhoeae* isolates in Nigeria and outcome of single-dose treatment with ciprofloxacin.

JAM OTUBU, GE IMADE, AS SAGAY, OA TOWOBOLA. *Infection* 1992;20:339.

Determination of penicillin minimum inhibitory concentrations for *Neisseria gonorrhoeae* by the E-test.

L COOLE, A LEES, RA SWANN. *J Antimicrob Chemother* 1993;31:173.

The sialylation of gonococcal liposaccharide by host factors—a major impact of pathogenicity.

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Effects of colchicine on pelvic adhesions associated with the intrauterine inoculation of *Neisseria gonorrhoeae* in rabbits.

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Chlamydia

Challenge of chlamydia research.

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Chlamydial infection and sexual behaviour in young pregnant teenagers.

MK OH, GA CLOUD, SL BAKER, MA PASS, K MULCAHEY, RF PASS. *Sex Transm Dis* 1993;20:45.

Decreased prevalence of *Chlamydia trachomatis* infection associated with a selective screening program in family planning clinics in Wisconsin.

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In vitro activity of azithromycin on *Chlamydia trachomatis* infected, polarized human endometrial epithelial cells.

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Non-specific genital infection

Chemotactic activity of urethral secretions in men with urethritis and the effect of treatment.

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Candidiasis

Vaginal yeast colonization and promiscuity—a study of 197 prostitutes.

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Vaginal yeast flora of pregnant women in the Cusco region of Peru.

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A method for taxonomic determination of *Candida albicans* with DNA probe.

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Syphilis and other treponematoses

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PJ SANCHEZ, GD WENDEL, E GRINPREL, *et al.* *J Infect Dis* 1993;167:148.

Herpes

The structure and function of the HSV DNA replication proteins—defining novel antiviral targets.

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Comparison of shell vial culture and the suspension infection method for the detection of herpes simplex viruses.

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Human papillomavirus infection

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Comparison between methods for human papillomavirus DNA testing—a model for self-testing in young women.

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